

SERFF Tracking Number:	MWAM-125701895	State:	Arkansas
Filing Company:	Modern Woodmen of America	State Tracking Number:	39950
Company Tracking Number:	WL		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Whole Life Insurance		
Project Name/Number:	08 WL & Rider/08 WL		

## Filing at a Glance

Company: Modern Woodmen of America

Product Name: Whole Life Insurance

SERFF Tr Num: MWAM-125701895

State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39950

Sub-TOI: L07I.101 Fixed/Indeterminate

Co Tr Num: WL

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Stephanie Stout

Disposition Date: 08/25/2008

Date Submitted: 08/15/2008

Disposition Status: Approved

Implementation Date Requested: 11/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: 08 WL & Rider

Project Number: 08 WL

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not yet submitted to domicile state

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/25/2008

State Status Changed: 08/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FEIN #36-1493430

NAIC #57541

RE: 08 WL Whole Life Contract

<i>SERFF Tracking Number:</i>	<i>MWAM-125701895</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>WL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance</i>		
<i>Project Name/Number:</i>	<i>08 WL &amp; Rider/08 WL</i>		

#### 08 GPOR Guaranteed Purchase Option Rider

Modern Woodmen of America, an Illinois domiciled fraternal benefit society, is submitting the individual life insurance contract and rider listed above for your review and approval. The forms are based on the 2001 CSO tables. These forms are new and will not replace any prior forms. We are in the process of submitting these forms to our domicile state of Illinois for approval. The forms contain nothing controversial or unusual from normal company and industry standards. The contracts will be marketed by agents. We will begin using these forms on or after November 1, 2008 but not before approval by your state.

#### Flesch Readability Scores:

08 WL 57.7

08 GPOR 62.3

#### 08 WL - Whole Life Contract

This whole life contract has five premium periods. The paid-up at 65 premium period will be issued from age 0 to 55. The other premium periods will be issued from age 0 to 85. An actuarial memorandum for this contract is included in the supporting documentation.

#### Features of the 08 WL contract include:

- The contract is based on the 2001 CSO Mortality Tables.
- The contract has no maturity date.
- The contract has five different premium periods.
  - o Premiums to attained age 121
  - o Premiums to attained age 65
  - o Premiums for 10 years
  - o Premiums for 20 years
  - o Single premium
- The death benefit is level.
- This is a dividend product with dividend options of cash, dividend accumulation, premium reduction and paid-up additions.

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*Company Tracking Number:*      *WL*  
*TOI:*      *L071 Individual Life - Whole*      *Sub-TOI:*      *L071.101 Fixed/Indeterminate Premium - Single Life*  
  
*Product Name:*      *Whole Life Insurance*  
*Project Name/Number:*      *08 WL & Rider/08 WL*

#### **08 GPOR – Guaranteed Purchase Option Rider**

08 GPOR - Guaranteed Purchase Option Rider will be available with the whole life contract submitted as part of this filing and other life plans where appropriate. The rider will be issued from age 0 to 37 with expiration at age 40. The minimum issue amount is \$10,000 with a maximum limit of \$50,000 or the insurance amount if less. An actuarial memorandum for this rider is included in the supporting documentation.

#### **Variable Content**

Variable content within the contract cover page, schedule pages, and rider is indicated within [brackets]. A Statement of Variability is included with the filing. Slight variations in font and formatting may occur during production of the forms.

#### **Application**

The contract will be solicited by agents to individuals using previously approved Application for Life Insurance form 2500-AR approved 1/2/2007.

Included in this filing you will find the contract and rider submitted for approval, actuarial memorandums for the contract and rider, supporting documentation and any required checklists or certifications. Please feel free to contact me if you need additional information regarding this submission.

Fraternally,

Stephanie A. Stout, FLMI, AIRC

Senior Compliance Analyst

Phone: 309-793-5551    Fax: 309-793-5508

E-Mail: [Stephanie.Stout@modern-woodmen.org](mailto:Stephanie.Stout@modern-woodmen.org)

## **Company and Contact**

#### **Filing Contact Information**

Stephanie Stout, Senior Compliance Analyst	<a href="mailto:Stephanie.Stout@modern-woodmen.org">Stephanie.Stout@modern-woodmen.org</a>
1701 1st Avenue	(309) 793-5551 [Phone]
Rock Island, IL 61201	(309) 793-5508[FAX]

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<i>Project Name/Number:</i>	<i>08 WL &amp; Rider/08 WL</i>		

**Filing Company Information**

Modern Woodmen of America  
1701 1st Avenue

Rock Island, IL 61201  
(309) 793-5535 ext. [Phone]

CoCode: 57541  
Group Code: -99

Group Name:  
FEIN Number: 36-1493430  
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State of Domicile: Illinois  
Company Type: Fraternal Benefit  
Society  
State ID Number:

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 2 forms = \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Modern Woodmen of America	\$100.00	08/15/2008	21961902

<i>SERFF Tracking Number:</i>	<i>MWAM-125701895</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	08/25/2008	08/25/2008

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*State Tracking Number:*      *39950*

*Company Tracking Number:*      *WL*

*TOI:*      *L071 Individual Life - Whole*

*Sub-TOI:*      *L071.101 Fixed/Indeterminate Premium - Single  
Life*

*Product Name:*      *Whole Life Insurance*

*Project Name/Number:*      *08 WL & Rider/08 WL*

## **Disposition**

Disposition Date: 08/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	Sample schedule pages		Yes
<b>Form</b>	Whole Life Insurance		Yes
<b>Form</b>	Guaranteed Purchase Option Rider		Yes



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Filing Company: Modern Woodmen of America State Tracking Number: 39950

Company Tracking Number: WL

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Insurance

Project Name/Number: 08 WL & Rider/08 WL

## Form Schedule

Lead Form Number: 08 WL-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08 WL-2	Policy/Cont	Whole Life Insurance Initial ract/Fratern al Certificate	Initial		58	08 WL-2 Whole Life.pdf
	08 GPOR	Policy/Cont	Guaranteed ract/Fratern Purchase Option al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62	08 GPOR Guaranteed Purchase Option Rider.pdf

**MODERN WOODMEN OF AMERICA** will pay the benefits provided in this certificate, subject to its terms and conditions.

CERTIFICATE : [9000000 ] **1.**

INSURED : [JOHN Q. WOODMEN ] **2.**

**READ THIS CERTIFICATE CAREFULLY.** This certificate is a legal contract. It is a certificate of membership and insurance benefits with Modern Woodmen of America.

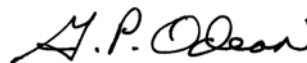
**LOOK AT A COPY OF THE APPLICATION** included in this certificate. This certificate was issued based upon the answers on the application. If all answers are not true and complete, insurance benefits may be affected.

**RIGHT TO EXAMINE CERTIFICATE.** The applicant may cancel this certificate within 20 days after receiving it by returning this certificate to Modern Woodmen of America at its Home Office or to one of its agents. The Right to Examine period is 30 days if this certificate qualifies as a replacement under state replacement regulations. If returned, this certificate will be void and any premium paid will be refunded.

Signed at Rock Island, Illinois on the date of issue.

[  ]

President

 ] **3.**

National Secretary

**WHOLE LIFE INSURANCE**

Death benefit payable at death of insured

Premiums payable for a stated period

Participating

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## GUIDE TO CERTIFICATE PROVISIONS

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<b>Certificate Schedule</b> .....	Page 3	<b>General Provisions</b> .....	Page 9
Schedule of Benefits and Premiums		Entire Contract	
Modes of Payment		Membership	
Table of Guaranteed Values		Ownership and Control	
<b>Definitions</b> .....	Page 4	Assignment	
<b>Basic Benefit</b> .....	Page 4	Incontestability	
Insurance Benefit		Suicide	
Death Benefit Proceeds		Age and Gender	
<b>Premium Payments</b> .....	Page 5	Maintenance of Reserves	
Payment of Premiums		<b>Beneficiary Provisions</b> .....	Page 10
Grace Period		Beneficiary	
Premium Adjustment at Death		Change of Beneficiary	
Reinstatement		<b>Optional Methods of Settlement</b> .....	Page 11
<b>Dividend Provisions</b> .....	Page 6	Settlement Options	
Dividends		Choice of Options	
Dividend Options		Availability of Options	
Dividend at Death		Supplemental Contract	
<b>Surrender and Lapse Benefits</b> .....	Page 6	Proof of Age and Survival	
Surrender Benefit		Death of Payee	
Cash Value		Withdrawal Rights	
Lapse Benefits		Basis of Settlement Option Values	
Guaranteed Values		<b>Settlement Option Tables</b> .....	Page 13
Basis of Computations			
<b>Loan Provisions</b> .....	Page 8		
Certificate Loan			
Automatic Premium Loan			
Loan Value			
Loan Interest			
Indebtedness			

Any additional benefits and a copy of the application follow Page 13.

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## CERTIFICATE SCHEDULE

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<b>Certificate No.</b> [90000000] <b>1.</b> <b>Insured</b> [John Q. Woodmen] <b>2.</b> <b>[Owner]</b> [Lori Woodmen] <b>5.</b> <b>Insurance Amount</b> [\$100,000] <b>6.</b> <b>Rating Class</b> [Nontobacco] <b>7.</b>	<b>Date of Issue</b> [December 1, 2008] <b>8.</b> <b>Age and Gender</b> [35 Male] <b>9.</b> <b>Register Date</b> [December 1, 2008] <b>10.</b> <b>Membership Camp</b> [26] <b>11.</b>
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### SCHEDULE OF BENEFITS AND PREMIUMS

Benefit	Insurance Amount	Expiry Date	[Annual] <b>12.</b> Premium	Premiums Payable Until
Whole Life Insurance Premium Period: [to attained age 121] <b>14.</b>	[\$100,000	None	\$1,012.00	12-01-2094] <b>13.</b>
[				] <b>15.</b>

### MODES OF PAYMENT

	[Annual	Semiannual	Quarterly	Monthly Automatic Bank Check]
Total [Initial] Premium	[\$1,012.00	\$521.18	\$268.18	\$87.54 ] <b>16.</b>
[(Total initial premium includes premiums for additional benefit riders)] <b>16.</b>				

## CERTIFICATE SCHEDULE (Continued)

### TABLE OF GUARANTEED VALUES

End of Certificate Year	Date	Cash and Loan Value	Paid-Up Life Insurance Amount	Extended Term Insurance Years - Days
1	[12-01-2009	\$ 0.00	\$ 0	0 - 0
2	12-01-2010	0.00	0	0 - 0
3	12-01-2011	704.00	3,047	5 - 22
4	12-01-2012	1,758.00	7,346	10 - 68
5	12-01-2013	2,847.00	11,490	14 - 23
6	12-01-2014	3,971.00	15,479	16 - 242
7	12-01-2015	5,129.00	19,314	18 - 221
8	12-01-2016	6,320.00	22,996	20 - 13
9	12-01-2017	7,543.00	26,526	21 - 26
10	12-01-2018	8,797.00	29,908	21 - 314
11	12-01-2019	10,084.00	33,154	22 - 179
12	12-01-2020	11,404.00	36,268	22 - 364
13	12-01-2021	12,764.00	39,271	23 - 135
14	12-01-2022	14,169.00	42,174	23 - 228
15	12-01-2023	15,618.00	44,975	23 - 285
16	12-01-2024	17,109.00	47,675	23 - 313
17	12-01-2025	18,638.00	50,268	23 - 315
18	12-01-2026	20,203.00	52,755	23 - 297
19	12-01-2027	21,800.00	55,135	23 - 257
20	12-01-2028	23,424.00	57,407	23 - 200
[25]	12-01-2033	31,962.00	67,354	22 - 62
[30]	12-01-2038	41,039.00	75,270	20 - 75
[35]	12-01-2043	50,416.00	81,547	17 - 331
[86]	12-01-2094	100,000.00	NA	NA] 17.

Loan interest rate: 8.00% per year

#### Basis of Computations

Interest rate: 4.00% per year

Mortality table: 2001 CSO [male, nonsmoker] 18. ultimate age last birthday

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## DEFINITIONS

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### **ATTAINED AGE**

The insured's age shown in the Certificate Schedule plus the number of certificate years elapsed since the register date.

### **BENEFICIARY**

The person(s) entitled to receive death benefit proceeds under this certificate upon the death of the insured.

### **CERTIFICATE**

This insurance contract issued by Modern Woodmen of America.

### **CERTIFICATE YEAR**

The 12-month period that begins on the register date or on annual anniversaries of the register date.

### **EVIDENCE OF INSURABILITY**

Information about an insured which is used to approve or reinstate a certificate or any rider(s).

### **INSURED**

The person named in the Certificate Schedule whose life is insured.

### **REGISTER DATE**

The starting date as shown in the Certificate Schedule from which certificate years are based.

### **SOCIETY, WE, OUR or US**

Modern Woodmen of America.

### **YOU, YOUR or OWNER**

The person(s) described in the Ownership and Control provision who may exercise all of the rights provided by this certificate.

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## BASIC BENEFIT

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### **INSURANCE BENEFIT**

Modern Woodmen of America will pay the death benefit proceeds to the beneficiary in one sum or under any available settlement option. The death of the insured must occur while this certificate is in force. Settlement of any death benefit proceeds will be payable within two months after receipt of both:

- a) proof of death of the insured; and
- b) proof the beneficiary is legally entitled to the proceeds.

### **DEATH BENEFIT PROCEEDS**

The death benefit proceeds will be:

- a) the insurance amount shown in the Certificate Schedule; plus
- b) the death benefit of any additional riders; plus
- c) the amount of any dividend accumulations and paid-up additions; plus
- d) any dividend at death; minus
- e) the amount of any indebtedness; plus or minus
- f) any premium adjustments.

Interest will be paid on death benefit proceeds for the period of time and at the rate required by state law.

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## **PREMIUM PAYMENTS**

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### **PAYMENT OF PREMIUMS**

Premiums are payable in the amount and for the period shown in the Certificate Schedule, or until the prior death of the insured. A receipt signed by an officer of the Society will be furnished upon request.

The first premium is due and payable on the register date. Each premium after the first premium must be paid at our Home Office on or before its due date. Premiums may be paid on any mode shown in the Certificate Schedule. Acceptance by us of a premium on a new mode of payment will constitute a change in mode for subsequent premiums.

Any member suspended as a result of disciplinary action for conduct unbecoming a member of the Society will have the right to pay premiums to continue this certificate in force.

### **GRACE PERIOD**

A grace period of 31 days will be allowed for payment of any premium that is not paid on its due date. This certificate will remain in force during the grace period. If a premium remains unpaid at the end of the grace period, either the Automatic Premium Loan or Lapse Benefits provision will apply.

### **PREMIUM ADJUSTMENT AT DEATH**

Any portion of a premium which pays beyond the month in which the insured died will be returned. If death occurs during the grace period, the unpaid premium will be deducted when determining the death benefit proceeds. There is no premium adjustment at death for a single premium mode of payment.

### **REINSTATEMENT**

If this certificate has not been surrendered, it may be reinstated within five years after the date of termination. Reinstatement will be subject to the following conditions:

- a) application for reinstatement must be made in writing on a form acceptable to us;
- b) evidence of insurability satisfactory to us must be provided;
- c) payment of all past due premiums with interest at 6% per year, compounded annually; and
- d) payment or reinstatement of any indebtedness existing on the date of termination with interest at 6% per year, compounded annually, from the date of termination to the date of reinstatement.

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## DIVIDEND PROVISIONS

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### DIVIDENDS

This is a participating certificate. It will share in the divisible surplus of the Society, as determined annually by the Society's Board of Directors. Extended term insurance does not share in divisible surplus. Any share of surplus apportioned to this certificate will be payable as a dividend at the end of the certificate year. The dividend will be affected by any certificate indebtedness during the certificate year.

### DIVIDEND OPTIONS

Dividends may be applied under one of the following options:

- a) **Paid-up Additions.** Dividends are used to purchase paid-up additional insurance for the lifetime of the insured. Paid-up additions may share in any divisible surplus.

- b) **Dividend Accumulations.** Dividends are left on deposit to accumulate at interest. The interest rate will not be less than 3% per year, compounded annually.
- c) **Cash.** Dividends are paid in cash.
- d) **Premium Reduction.** Dividends are applied toward annual premium payments.

If no option has been chosen when a dividend becomes payable, the dividend will be used to purchase paid-up additions.

Paid-up additions may be surrendered and dividend accumulations may be withdrawn unless the cash values are used as security for any indebtedness.

### DIVIDEND AT DEATH

The death benefit proceeds will include a pro rata share of any dividend allocated to the certificate for the year that death occurs.

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## SURRENDER AND LAPSE BENEFITS

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### SURRENDER BENEFIT

This certificate may be surrendered for its surrender value upon written request on a form acceptable to us. If a proper request is made to surrender this certificate, the request will be effective as of the date it was signed. The surrender value is the cash value less any indebtedness.

The payment of any surrender value may be deferred up to six months from the date the written request was received at our Home Office. If payment is deferred for 30 days or more, it will bear interest for the period of deferment at a rate not lower than that required by state law.

If this certificate is surrendered within 30 days after a certificate anniversary, the surrender value will not be less than the surrender value on that anniversary minus any loans made on or after the anniversary.

### CASH VALUE

While no premium is past due, the cash value will be:

- a) the cash value as determined in the Guaranteed Values provision; plus
- b) the cash value of any paid-up additions or dividend accumulations.

While this certificate is being continued in force either as extended term insurance or as paid-up life insurance, the cash value will be:

- a) the net single premium for such remaining insurance; plus
- b) the cash value of any paid-up additions or dividend accumulations.

The cash value of paid-up additions is their net single premium, but never less than the sum of the dividends applied to purchase such additions.



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## SURRENDER AND LAPSE BENEFITS (Continued)

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### LAPSE BENEFITS

If a premium remains unpaid at the end of the grace period, this certificate will lapse as of the premium due date. As of the premium due date, this certificate will:

- a) terminate if it has no surrender value, otherwise;
- b) the surrender value will be used as a net single premium to provide either extended term insurance or paid-up life insurance. However, extended term insurance is not available if this certificate has a table rating as shown in the rating class in the Certificate Schedule.

**Extended Term Insurance** will provide a level amount of insurance for a limited period of time. The amount of insurance will be:

- a) the insurance amount shown in the Certificate Schedule, plus
- b) the amount of any paid-up additions or dividend accumulations, minus
- c) any indebtedness.

The surrender value determines the period of time that extended term insurance will be provided. The insurance terminates at the end of this period. If the insurance would continue to attained age 121, paid-up life insurance will be provided instead.

**Paid-up Life Insurance** will provide a level amount of insurance for the lifetime of the insured. The surrender value determines the amount of paid-up life insurance that will be provided.

**Automatic Benefit.** If a premium remains unpaid at the end of the grace period, extended term insurance is automatically provided. However, paid-up life insurance is provided instead if:

- a) a written request for paid-up life insurance is received by us within three months after the due date of the unpaid premium; or
- b) this certificate has a table rating as shown in the Certificate Schedule.

### GUARANTEED VALUES

The Table of Guaranteed Values in the Certificate Schedule shows cash and loan values, amounts of paid-up life insurance and periods of extended term insurance at the end of selected certificate years. It is assumed that premiums have been paid to the end of the year. The values shown are exclusive of any paid-up additions, dividend accumulations or indebtedness. Values for years not shown will be furnished on request. Values at any time during a certificate year depend on the amount of time elapsed since the last certificate anniversary and the date to which premiums have been paid.

### BASIS OF COMPUTATIONS

All certificate values, net single premiums, and lapse benefits are calculated using the interest rate and mortality table shown in the Certificate Schedule. Calculations assume annual payment of premiums and immediate payment of death claims. Net single premiums are calculated as of the attained age of the insured. All of the values for this certificate are at least equal to the minimum values required by the laws of the state in which this certificate was delivered. If required, a detailed statement of the method of computation of the values has been filed with the insurance department of that state.

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## LOAN PROVISIONS

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### **CERTIFICATE LOAN**

You may borrow any amount up to the loan value using the values of this certificate as sole security. A loan will not be made if this certificate is being continued in force as extended term insurance. We may defer making a loan for up to six months from the date the loan is requested except for any loan made to pay premiums to the Society.

### **AUTOMATIC PREMIUM LOAN**

If this option is elected, a loan will be made to pay any premium which remains unpaid at the end of the grace period. The premium paid will be charged against the certificate as a loan. If the loan value is not enough to pay a quarterly premium, the Lapse Benefits provision will apply.

This option may be elected either in the application for this certificate or by written request to us while no premium is more than 31 days past due. Once elected, the option will continue in effect until revoked by you in writing.

### **LOAN VALUE**

The loan value is the amount which, with loan interest, will equal the cash value at the earlier of:

- a) the next premium due date; or
  - b) the end of the certificate year,
- minus any indebtedness.

### **LOAN INTEREST**

Loans accrue interest at the effective annual loan interest rate shown in the Certificate Schedule, payable at the end of each certificate year. Interest on certificate loans accrues from the date of the loan. Interest on an automatic premium loan accrues from the premium due date. Interest not paid when due will be added to the loan and accrue interest at the same rate.

### **INDEBTEDNESS**

Indebtedness includes all outstanding certificate and premium loans with accrued interest. Indebtedness may be repaid in full or in part at any time. If not repaid, it will be deducted from any benefits paid under this certificate. Every payment on this certificate will be considered a premium payment unless clearly marked as a payment toward indebtedness.

This certificate will terminate when:

- a) indebtedness equals or exceeds the cash value; and
- b) 31 days have passed since notice of termination was mailed to your last known address.

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## GENERAL PROVISIONS

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### ENTIRE CONTRACT

This certificate is a legal contract. We issued this certificate in consideration of the first premium and the statements in the application. The entire contract consists of:

- a) this certificate;
- b) any endorsements or additional riders;
- c) the attached copy of the application;
- d) any amendments, supplemental applications or other attached papers; and
- e) the Articles of Incorporation and By-Laws of the Society and any amendments thereto made after the date of issue. However, no amendment will reduce the benefits the Society contracted to give as of the date of issue.

We rely on statements made in the application for this certificate. These statements are deemed representations and not warranties except in the case of fraud. No statement will void this certificate or be used in defense of a claim unless:

- a) it is contained in the application; and
- b) such application is attached to this certificate.

Only the National Secretary of the Society can modify this contract or waive any of the Society's rights or requirements.

### MEMBERSHIP

An insured age 15 or less is a junior member until age 16 when adult membership begins. An insured age 16 or more is an adult member of the Society.

An adult member has all of the privileges of membership as provided in the By-Laws. The rights and privileges of membership are personal to the insured and may not be transferred.

### OWNERSHIP AND CONTROL

If the age shown in the Certificate Schedule is 16 or more, the insured is the owner and person having control of this certificate unless another owner is named.

If the age shown in the Certificate Schedule is 15 or less, the applicant, or the applicant's duly appointed successor, is the person having control of this certificate unless control has passed to the insured.

After the insured attains age 16 and before the insured attains age 21, control will pass to the insured upon:

- a) the death of the applicant; or
- b) receipt of written request by the applicant on a form acceptable to us.

When the insured attains age 21, control shall pass to the insured.

During the lifetime of the insured, the person having control of this certificate may exercise all of the rights and receive all of the benefits provided by this certificate without the consent of any other person. However, an applicant may not assign this certificate.

### ASSIGNMENT

An assignment of this certificate will not be binding upon the Society unless it is:

- a) in writing on a form acceptable to us;
- b) signed by you; and
- c) received and filed at our Home Office.

We are not responsible for the validity of any assignment. Any indebtedness against this certificate has priority over any assignment.

### INCONTESTABILITY

This certificate will not be contestable, in the absence of fraud, after it has been in force during the insured's lifetime for two years from the date of issue.

If this certificate has been reinstated, it will not be contestable, in the absence of fraud, after it has been in force during the insured's lifetime for two years beginning with the effective date of the reinstatement. The contestable period is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

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## GENERAL PROVISIONS (Continued)

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### **SUICIDE**

Suicide, while sane or insane, within two years from the date of issue, will limit the benefit payable under this certificate to the total premiums paid minus any indebtedness from such date.

### **AGE AND GENDER**

This certificate has been issued at the age shown in the Certificate Schedule. This is the insured's age last birthday on the register date. Age is based upon the date of birth given in the application. If the register date coincides with a birthday, age last birthday will mean the age attained by the insured on the register date.

If the age or gender of the insured has been misstated, the benefits payable will be such as the premium paid would have purchased at the correct age and gender on the basis of the premium rate in effect on the register date.

### **MAINTENANCE OF RESERVES**

If the reserves of the Society were to become impaired, the Board of Directors may determine a fair share of the deficiency which will be paid by you. If such payment is not made, it will stand as a debt against this certificate and accrue interest at 5% per year compounded annually. In lieu of such debt or in combination with it, you may consent to an equivalent reduction in benefits.

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## BENEFICIARY PROVISIONS

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### **BENEFICIARY**

Beneficiaries are as named in the application unless changed as provided in the Change of Beneficiary provision. Unless otherwise provided in a beneficiary designation in effect under this certificate, the following shall apply:

- a) **Beneficiary Classes.** The beneficiary for any death benefit proceeds under this certificate will be classed as a principal or a contingent beneficiary. Surviving beneficiaries in the same class will share equally in any death benefit proceeds payable to those in that class.
- b) **Payment to Beneficiaries.** Any death benefit proceeds payable under this certificate will be paid to the principal beneficiaries living at the time of the insured's death. If no principal beneficiary survives the insured, such proceeds will be paid to the contingent beneficiaries living at the time of the insured's death. If no designated beneficiary survives the insured or if no claim is made by a beneficiary, such proceeds will be paid as stated in the By-Laws of the Society.

In finding and identifying beneficiaries, we may rely on sworn statements, other facts or evidence deemed satisfactory. Any benefits paid based on such information will be a valid discharge of our duty up to the amount paid.

### **CHANGE OF BENEFICIARY**

The beneficiary designation may be changed by you while the insured is living. Written notice of change must be filed at our Home Office on a properly signed form acceptable to us. Once acknowledged in writing by us, the change will take effect on the date notice was signed. The change will be subject to any payment made or other action taken by us before our acknowledgment.

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## OPTIONAL METHODS OF SETTLEMENT

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### SETTLEMENT OPTIONS

Settlement proceeds are amounts payable upon surrender or at the death of the insured. All or part of such proceeds may be left with the Society under any of the following settlement options. Additional settlement options may also be available.

**Option 1. Deposit at Interest.** Interest will be paid on proceeds left on deposit. The rate of interest will be not less than 1% per year.

**Option 2. Income for a Fixed Period.** Equal payments will be made for a specified period. Amounts are shown in the Settlement Option Table for Option 2.

**Option 3. Life Income with Guaranteed Period.** Equal payments will be made for a guaranteed period and will continue thereafter during the lifetime of the payee. The amount of each payment will depend on the age and the gender of the payee at settlement. Amounts are shown in the Settlement Option Table for Option 3. The guaranteed period may be 10 or 20 years or the period required for the total payments to equal the proceeds applied (installment refund).

**Option 4. Income of a Fixed Amount.** Equal payments of a specified amount will be made. The payments will continue until the proceeds, together with interest at the rate of 1% per year, are fully paid.

**Option 5. Joint and Survivor Life Income.** Equal payments may be made jointly to two payees. Two-thirds of the original income payment will be paid to the survivor during the survivor's remaining lifetime. The amount of each payment will depend on the age and the gender of the payees at settlement. Amounts are shown in the Settlement Option Table for Option 5. This option has no guaranteed period.

### CHOICE OF OPTIONS

An option may be chosen, revoked or changed during the lifetime of the insured upon written request filed at our Home Office. At the death of

the insured, the beneficiary may choose an option, unless the manner of settlement has been restricted.

A person for whose benefit an option has been chosen shall be a payee under the option. A payee must be a natural person taking in his or her own right. When an option is elected, a secondary payee may be named to receive any amount that would otherwise be payable to the payee's estate.

### AVAILABILITY OF OPTIONS

These options are available only if the proceeds to be applied provide for periodic payments each year totaling at least \$600. The maximum benefit period available may be limited for some options. We reserve the right to make payment in one sum to the payee entitled to receive the first payment if the proceeds are less than \$5,000.

### SUPPLEMENTAL CONTRACT

A supplemental contract will be issued on the date of settlement. It will show the rights and benefits of the payee under the settlement option chosen. Equivalent payments may be made annually, semiannually, quarterly or monthly.

### PROOF OF AGE AND SURVIVAL

We may require satisfactory evidence of the age of any person on whose life the payments are based. If payment under an option depends on the survival of any person, we may require satisfactory evidence that such person is living when the payment becomes due.

### DEATH OF PAYEE

If a payee becomes eligible to receive payment under any optional method of settlement but dies before any of the proceeds have been paid, then, unless otherwise provided, the proceeds will be paid to the following as secondary payee(s):

- a) the then surviving principal beneficiaries;
- b) if there is no surviving principal beneficiary, to the then surviving contingent beneficiaries; or
- c) if no principal or contingent beneficiary survives the payee, the proceeds will be paid in one sum to the estate of the payee.

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## OPTIONAL METHODS OF SETTLEMENT (Continued)

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### WITHDRAWAL RIGHTS

Except as otherwise provided in the choice of a settlement option, a payee may choose to withdraw any unpaid balance of proceeds under Options 1 or 4, or may choose to receive the commuted value of any remaining payments under Option 2. Options 3 and 5 have no withdrawal rights.

### BASIS OF SETTLEMENT OPTION VALUES

Net single premiums for settlement options with life income payments are based on the Annuity 2000 mortality table with interest at 1% per year.

## SETTLEMENT OPTION TABLES

Guaranteed Monthly Income Payments for each \$1,000 of Proceeds

### Option 2 – Income for a Fixed Period

Period of Years	Payment	Period of Years	Payment	Period of Years	Payment
1	\$83.71	11	\$7.99	21	\$4.40
2	42.07	12	7.36	22	4.22
3	28.18	13	6.83	23	4.06
4	21.24	14	6.37	24	3.90
5	17.08	15	5.98	25	3.76
6	14.30	16	5.63	26	3.64
7	12.32	17	5.33	27	3.52
8	10.83	18	5.06	28	3.41
9	9.68	19	4.81	29	3.31
10	8.75	20	4.59	30	3.21

### Option 3 – Life Income with Guaranteed Period

Age of Payee	Male			Female			Gender Neutral		
	10 Years	20 Years	Installment Refund	10 Years	20 Years	Installment Refund	10 Years	20 Years	Installment Refund
35	\$2.16	\$2.15	\$2.08	\$2.07	\$2.06	\$2.01	\$2.09	\$2.08	\$2.03
40	2.34	2.33	2.23	2.23	2.22	2.15	2.26	2.25	2.17
45	2.57	2.54	2.40	2.43	2.41	2.32	2.46	2.44	2.34
50	2.84	2.79	2.61	2.68	2.65	2.52	2.72	2.68	2.54
55	3.19	3.08	2.87	2.99	2.93	2.77	3.04	2.96	2.79
60	3.62	3.41	3.17	3.39	3.26	3.07	3.44	3.30	3.09
65	4.18	3.77	3.56	3.91	3.64	3.44	3.97	3.67	3.47
70	4.88	4.10	4.03	4.59	4.02	3.91	4.66	4.04	3.94
75	5.71	4.35	4.63	5.46	4.32	4.52	5.52	4.33	4.55
80	6.61	4.50	5.38	6.47	4.50	5.31	6.51	4.50	5.33
85	7.44	4.57	6.33	7.43	4.57	6.33	7.44	4.57	6.34

### Option 5 – Joint and 2/3 to Survivor Life Income

Male Payee Age	Female Payee Age					
	50	55	60	65	70	75
50	\$2.64	\$2.78	\$2.93	\$3.09	\$3.25	\$3.42
55	2.76	2.94	3.12	3.32	3.52	3.73
60	2.90	3.10	3.33	3.57	3.83	4.10
65	3.03	3.27	3.54	3.85	4.18	4.53
70	3.17	3.44	3.76	4.13	4.55	5.02

Gender Neutral Payee Age	Gender Neutral Payee Age					
	50	55	60	65	70	75
50	\$2.60	\$2.73	\$2.87	\$3.01	\$3.16	\$3.31
55	2.73	2.90	3.07	3.24	3.42	3.61
60	2.87	3.07	3.28	3.50	3.73	3.97
65	3.01	3.24	3.50	3.78	4.08	4.40
70	3.16	3.42	3.73	4.08	4.48	4.89

**WHOLE LIFE INSURANCE**

Death benefit payable at death of insured  
Premiums payable for a stated period  
Participating



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## GUARANTEED PURCHASE OPTION RIDER

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This rider is made a part of this certificate. It is issued in consideration of the application and payment of the premium for this rider as shown in the Certificate Schedule. This rider is subject to all of the provisions of the certificate which are not inconsistent with the provisions of this rider. The date of issue of this rider is the date of issue of the certificate unless a later date of issue is shown for this rider in the Certificate Schedule.

### THE BENEFIT

We will issue a new certificate on the life of the insured without evidence of insurability provided:

- a) proper written request and payment of the first premium are received by us during a regular or alternate option period;
- b) the insurance amount of the new certificate does not exceed the option amount shown in the Certificate Schedule; and
- c) all premiums for this certificate are paid.

### REGULAR OPTION DATES

A regular option date will occur on the first certificate anniversary on or following the 22<sup>nd</sup>, 25<sup>th</sup>, 28<sup>th</sup>, 31<sup>st</sup>, 34<sup>th</sup>, 37<sup>th</sup> and 40<sup>th</sup> birthday of the insured. A regular option period is the 60-day period ending on a regular option date. The insured must be living on the regular option date for the new certificate to be effective on that date.

### ALTERNATE OPTION DATES

If a regular option period is not then in effect, an alternate option date will occur on each of the following dates:

- a) the insured's marriage;
- b) birth of a living child of the insured; and
- c) legal adoption of a child by the insured.

The marriage, birth or adoption must occur while this rider is in force. Satisfactory evidence of the qualifying event must be sent with the application for the new certificate. The new certificate will be effective on the date of the written application for the new certificate.

An alternate option period is the 90-day period starting on an alternate option date. Should the insured die during an alternate option period and prior to the date of written application for a new certificate, we will pay an additional death benefit equal to the option amount.

### CONDITIONS

The benefit under this rider is subject to the following conditions:

- a) This rider must be in force on the option date.
- b) If the applicant for a new certificate is other than the insured, then the insured must consent to the issuance of the new certificate.
- c) The right to purchase a new certificate during a regular or alternate option period will expire if not exercised within that period. Expiration of an option period will not affect a right to purchase during a subsequent option period.
- d) Exercise of the right to purchase a new certificate during an alternate option period will cancel the next regular option date. The right to again purchase a new certificate will not occur until after the cancelled regular option date.

### NEW CERTIFICATE

- a) The new certificate must be on a single life permanent plan of insurance offered by us as of the register date of the new certificate.
- b) The new certificate will be issued at the insured's age on the register date of the new certificate.
- c) The new certificate will have the same rating class as this certificate if available, or if not available, the most similar rating class then available.
- d) The premium for the new certificate will be based on the insured's age, gender, rating class and premium rate in use by us as of its register date.
- e) If this certificate has a limitation of liability, then the new certificate will have a similar limitation.

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## GUARANTEED PURCHASE OPTION RIDER (Continued)

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### REGISTER DATE

The register date for a new certificate applied for during:

- a) a regular option period will be the regular option date; or
- b) an alternate option period will be the first day of the month on or next following the alternate option date.

### NONFORFEITURE VALUES

This rider does not have any cash or loan values.

### ADDITIONAL BENEFITS

Waiver of premium or accidental death benefit riders that are in force and made a part of this certificate may be included in the new certificate subject to our issue limits in effect on the register date. Those benefits will cover bodily injury or disease commencing after the effective date of the new certificate.

However, if on any option date the insured is totally disabled as defined in the waiver of premium rider on the new certificate, the premiums for the new certificate will be waived provided:

- a) this certificate and the new certificate each have a waiver of premium rider;
- b) the new certificate is the whole life plan with the longest premium payment period available; and
- c) all other waiver of premium benefit rider conditions on the new certificate are met.

### INCONTESTABILITY

The period of time specified in any provision relating to incontestability in any new certificate purchased under this rider will run from the date of issue of this rider.

### SUICIDE

The period of time specified in any provision relating to suicide in any new certificate purchased under this rider will run from the date of issue of the new certificate.

### TERMINATION

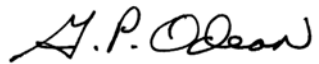
This rider will terminate on the earliest of:

- a) when any premium is more than 31 days past due;
- b) the expiry date for this rider as shown in the Certificate Schedule;
- c) a request by the owner that the certificate or this rider be canceled;
- d) the date the certificate is continued as paid-up life insurance or extended term insurance; or
- e) termination of the certificate.

[  ]

President

**MODERN WOODMEN OF AMERICA**  
[ ROCK ISLAND, ILLINOIS 61201 ]

[  ]

National Secretary

<i>SERFF Tracking Number:</i>	<i>MWAM-125701895</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Modern Woodmen of America</i>	<i>State Tracking Number:</i>	<i>39950</i>
<i>Company Tracking Number:</i>	<i>WL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance</i>		
<i>Project Name/Number:</i>	<i>08 WL &amp; Rider/08 WL</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	MWAM-125701895	State:	Arkansas
Filing Company:	Modern Woodmen of America	State Tracking Number:	39950
Company Tracking Number:	WL		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Whole Life Insurance		
Project Name/Number:	08 WL & Rider/08 WL		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 06/18/2008

#### Comments:

Certification of compliance with Rule & Reg 19 and Consumer Information notices attached.

Flesch/readability certification attached.

Rule and Reg 49 (Guaranty Associations) is not applicable to fraternal benefit societies.

#### Attachments:

AR Compliance Certification.pdf

AR Readability Certification.pdf

### Review Status:

**Satisfied -Name:** Application 06/18/2008

#### Comments:

Sample of previously approved Application for Life Insurance form 2500-AR, approved 1/2/2007, with John Doe information.

#### Attachment:

2500-AR John Doe Application for 08 WL.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability 08/07/2008

#### Comments:

Statement of Variability for contract 08 WL and rider 08 GPOR.

#### Attachment:

Statement of Variability.pdf

### Review Status:

**Satisfied -Name:** Sample schedule pages 08/15/2008

#### Comments:

Sample schedule pages for 08 WL contract showing alternate premium options 10 pay, 20 pay, life paid-up at age 65, and single premium.

<i>SERFF Tracking Number:</i>	<i>MWAM-125701895</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Modern Woodmen of America</i>	<i>State Tracking Number:</i>	<i>39950</i>
<i>Company Tracking Number:</i>	<i>WL</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance</i>		
<i>Project Name/Number:</i>	<i>08 WL &amp; Rider/08 WL</i>		

**Attachments:**

08 WL 10 pay Schedule page.pdf  
08 WL 20 pay Schedule page.pdf  
08 WL LPU65 Schedule page.pdf  
08 WL Single premium Schedule page.pdf



## **COMPLIANCE CERTIFICATE TO COMMISSIONER ARKANSAS DEPARTMENT OF INSURANCE**

**Form: 08 WL      Whole Life Insurance**  
**08 GPOR      Guaranteed Purchase Option Rider**

I hereby certify that the above listed form is in compliance with Arkansas Code Ann. 23-79-138 as addressed in Bulletin 6-87 and Bulletin 11-88. A notice containing all information required by these bulletins and 23-79-138 accompanies every contract.

I hereby further certify that the submitted form meets the provisions of Rule 19 titled Unfair Sex Discrimination in the Sale of Insurance as well as all applicable requirements of the Arkansas Insurance Department.



Stephanie A. Stout, FLMI, AIRC  
Senior Compliance Analyst  
Modern Woodmen of America  
Rock Island, Illinois 61201

Date August 1, 2008

# READABILITY CERTIFICATE TO COMMISSIONER ARKANSAS DEPARTMENT OF INSURANCE

## Approval of Certificate Forms for Readability

Certificate Form	Words in Text	Flesch Score
08 WL	3,471	57.7
08 GPOR	825	62.3

I hereby certify that the above listed forms have a Flesch reading ease test score as indicated and that each form is printed, except for specification pages, schedules and tables, in not less than 10 point type, 1 point leaded.

I hereby further certify that the submitted forms comply with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Larry L. Schreiber, Actuary  
Modern Woodmen of America  
Rock Island, Illinois 61201

Date August 1, 2008



APPLICATION FOR  
LIFE INSURANCE

FORM 2500-AR

(See reverse side for changes to existing certificates)

A Fraternal Benefit Society

Barcode

For Home Office Use

SECTION A – PROPOSED INSURED (Please print)

1a. Woodmen John Q.  
Last Name Suffix First Name Middle Name  
b. ☐ Single ☒ Married  
c. List any name changes in the past 5 years: \_\_\_\_\_

d. If proposed insured is **under age 16**: \_\_\_\_\_  
Adult Applicant's Name (First, Middle, Last, Suffix) Birth State Adult Applicant's SS#

2. Proposed insured's home address: 123 Main St. Anytown IL 61201  
Street City State Zip  
Billing address (if different): \_\_\_\_\_  
Street City State Zip

3. Camp #: \_\_\_\_\_ 4. Is proposed insured now a member of this Society? ☒ No ☐ Yes, Cert #: \_\_\_\_\_  
5. Sex ☒ M ☐ F Birthdate (Month-Day-Year) 6-1-1973 Register Date (Skip for Variable Life) 12 - 01 - 2008 Birth State IL Social Security Number 123-45-6789 Primary Phone ( 309 ) 555-1212

6. **Always complete if proposed insured age 20 & older**  
Have you used any nicotine or tobacco products in the past **12 months**? ☐ Yes ☒ No **36 months**? ☐ Yes ☒ No  
7a. Do you own any existing life insurance or annuity contracts? ☐ Yes ☒ No  
b. Do you intend to **stop paying premium, replace, change, terminate, borrow or withdraw** on any **external** life or annuity plan because of this application? ☒ No ☐ Yes Company: \_\_\_\_\_ Contract #: \_\_\_\_\_

SECTION B – HOME OFFICE ADMINISTRATION

1. ☐ **Internal** Exchange/Conversion/Replacement of MWA Certificate #: \_\_\_\_\_  
Base plan ☐ Retain balance of \$ \_\_\_\_\_ ☐ Cancel base & term rider balance  
Term rider ☐ Retain term balance of \$ \_\_\_\_\_ ☐ Cancel term rider only  
☐ Exercise **GPO/GIB/GIO** Option Cert #: \_\_\_\_\_ ☐ Regular option ☐ Alternate option (Send proof of event)

2a. **FLEXIBLE PREMIUM ADJUSTABLE LIFE PLANS** ☐ CustomLife or ☐ Variable CustomLife or ☐ \_\_\_\_\_  
Death Benefit coverage (Check one)  
☐ Type I ☐ Type II \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Specified Amt.) (Specified Amt.+Account Value) Specified Amount Planned Annual Premium Additional One Sum Payment

b. DIVIDEND PAYING LIFE INSURANCE PLANS		d. TERM PLANS AND RIDERS	
<input type="checkbox"/> E96 or <input type="checkbox"/> LP98 or <input checked="" type="checkbox"/> <u>Whole Life</u> Insurance Amount \$ <u>100,000</u> Dividend Option: <input checked="" type="checkbox"/> Paid-up Additions <input type="checkbox"/> Accumulate at Interest <input type="checkbox"/> Cash <input type="checkbox"/> Reduction of Premium <input type="checkbox"/> Automatic Premium Loan option elected		(Plan) (Rider) Term Ins. or Rider Amt. \$ _____ <input type="checkbox"/> N/A Term to 16 <input type="checkbox"/> N/A Term to 21 <input type="checkbox"/> N/A Term to 25 <input type="checkbox"/> N/A Select V (Select Prem Option) <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> Decreasing Term (Select Yrs) <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 N/A <input type="checkbox"/> ART – 10 Years N/A <input type="checkbox"/> ART to Age 95 w/DB Opt: <input type="checkbox"/> Level <input type="checkbox"/> Decreasing N/A <input type="checkbox"/> Level Term – 15 Years <input type="checkbox"/> <input type="checkbox"/> _____	
c. <b>INTEREST SENSITIVE LIFE INSURANCE PLANS</b> <input type="checkbox"/> ISWL or <input type="checkbox"/> SPWL or <input type="checkbox"/> _____ Insurance Amount \$ _____ <input type="checkbox"/> Automatic Premium Loan option elected			

3. **BENEFIT RIDERS**  
☐ AD (not VCL) \$ \_\_\_\_\_ ☐ WP / WMD / WC ☐ Cost of Living Increase (VCL only)  
☐ GPO/GIB/GIO \$ \_\_\_\_\_ ☐ Death Benefit Guarantee (VCL only)  
☐ Payor Benefit (not VCL) (Complete Sections H & I) Adult Applicant's Sex ☐ M ☐ F Birthdate (month-day-year): \_\_\_\_\_

4. **Premium Payment Frequency** (Check One) ☒ A ☐ S ☐ Q ☐ SAP (Form 1243) ☐ Single  
☐ New ABC/EFT (Form 383) ☐ Add to existing ABC/EFT Give certificate #: \_\_\_\_\_

5. Principal Beneficiary	Contingent Beneficiary
<input checked="" type="checkbox"/> Spouse (name) <u>Mary Woodmen</u> <input type="checkbox"/> Insured's lawful children (names not needed) <input type="checkbox"/> Other (provide name, relationship, social security #) _____ _____	<input checked="" type="checkbox"/> Insured's lawful children (names not needed) <input type="checkbox"/> Insured's brothers and sisters (names not needed) <input type="checkbox"/> Other (provide name, relationship, social security #) _____ _____

6. **Mode of Settlement:** ☒ Deposit at Interest ☐ One Sum ☐ Other \_\_\_\_\_ ]

SECTION H – ADULT NON-MEDICAL INFORMATION (This section must be completed even if Applicant will be medically examined)			
<b>1. Name of Employer</b>	<i>Moline Public Schools</i>		<b>Annual Income</b> <i>\$45,000</i>
<b>Occupation &amp; Duties</b>	<i>Teacher</i>		
<b>2. a.</b> Do you have any existing life insurance contracts with another company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete b-d)			
<b>b.</b> Total amount of life insurance in force with all <b>external</b> companies (excluding group insurance). \$			
<b>c.</b> Total amount of Accidental Death Benefit in force with all <b>external</b> companies. \$			
<b>d.</b> Total amount of <b>external</b> life insurance being replaced. \$			
<b>3. Have You:</b>		<b>YES</b>	<b>NO</b>
<b>a.</b> applied for life insurance that is currently pending or are you planning on purchasing life insurance with another company?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b.</b> had Life or Health Insurance rejected, rated, postponed, modified, or cancelled?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c.</b> within the past 5 years, received disability, Workers Compensation, or pension benefits? (If <b>YES</b> , list amount of payment, last payment received and reason for disability.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d.</b> flown as a pilot, student pilot or crew member; or is such flying contemplated? (If <b>YES</b> , complete Aviation Supplemental App.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e.</b> engaged in, or contemplated engaging in ballooning, parachuting, hang gliding, ultralight flying, motorized racing, skin or scuba diving, or any other hazardous activity? (If <b>YES</b> , complete Hazardous Sports Supplemental Application.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f.</b> traveled or lived outside the U.S.A. in the past 2 years, or do you have any intention of traveling or living outside the U.S.A. in the next 2 years?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g.</b> any present or expected military service in the Armed Forces, Reserves, or National Guard? (If <b>YES</b> , list rank, deployment location(s) and date(s))		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h.</b> been convicted of or awaiting trial for a felony, or are you now on or have you been released from parole or probation in the past 10 years? (If <b>YES</b> , list offense and date.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i.</b> been convicted of a DUI/DWI, two or more moving violations, or had a driver's license suspended or revoked, within the past 7 years?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.</b> Do you reside in a nursing home or assisted living facility?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5.</b> Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If <b>NO</b> , indicate type of Visa held and length of time in U.S.A.)			
<b>6.</b> Drivers License #: <i>IL987654321</i> State Issued <i>IL</i>			
<input type="checkbox"/> No license - explain: _____			

SECTION I – ADULT MEDICAL INFORMATION (This section may be omitted if Applicant will be medically examined)	
<b>1. a.</b>	Name, address and phone number of your primary physician, clinic, or health care provider. (If none, so state) _____ <i>Dr. Ebert, Blackhawk Road, Rock Island 793-5555</i>
<b>b.</b>	Date last consulted <i>10/06</i> Reason last consulted (If checkup, indicate reason and outcome) _____ <i>Seasonal allergies</i>
<b>c.</b>	What treatment was given or medication prescribed? <i>Nasal spray &amp; Claritin</i>
<b>2. a.</b>	Height <i>5</i> Feet <i>11</i> Inches Weight <i>160</i> Lbs.
<b>b.</b>	Have you lost weight in the past year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c.</b>	If <b>YES</b> , amount lost _____ Reason for weight loss? _____

**(SECTION I Continued)**

3. In the past 7 years, have you been treated or diagnosed by a physician for: (Indicate specific condition)	YES	NO	<b>Explain fully all "Yes" answers to questions 3-7.</b> (Specify question and include diagnosis, treatment, results, recovery details, dates, durations, and names, addresses and phone numbers of all doctors and hospitals.)
a. disease or disorder of eyes, ears, nose or throat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. dizziness, fainting, convulsions, epilepsy, paralysis, stroke, sleep apnea, depression, anxiety, attempted suicide, or other mental or nervous disease or disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. shortness of breath, bronchitis, asthma, emphysema, chronic obstructive pulmonary disease (COPD) or other disease of the lungs or chronic respiratory disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. high blood pressure, cholesterol abnormality, chest pain, heart murmur, heart attack, arrhythmia, heart valve disorder, coronary artery disease or other disease or disorder of the heart or blood vessels?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. ulcer, colitis, intestinal bleeding, hepatitis, diarrhea of more than one week's duration, or other disease or disorder of the stomach, esophagus, intestines, liver or gallbladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. sugar, protein or blood in urine or other disease or disorder of kidney or bladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. diabetes, leukemia, tumor, cancer, thyroid or glandular disorder, lupus, patches in mouth, skin rash or other disease or disorder of the skin?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. neuritis, neuropathy, arthritis, back disorder, amputation or other disease or disorder of the muscles or bones?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. allergies, anemia, fever persisting over one month, swollen glands in the neck, armpits or groin or other blood or lymph disease or disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j. disorder of prostate, reproductive organs or breasts or a sexually transmitted disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Are you presently receiving treatment or taking any medication or herbal supplements <b>as prescribed or directed by a physician?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. <b>Have you within the past 7 years:</b>			
a. used marijuana, cocaine, methamphetamine, heroin, sedatives, stimulants, hallucinatory drugs, opiates, narcotics, or prescription medications <b>other than as prescribed by a physician?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. received or been advised to seek counseling, treatment or been arrested for the use or possession of alcohol or drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. <b>Other than as stated in answers to Questions 1-5 of this section, have you within the last 7 years:</b>			
a. consulted, been examined or treated by any physician or practitioner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. had any illness, injury or surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. been a patient in or been examined or treated at a hospital, clinic or other medical facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. had an electrocardiogram (EKG), biopsy, heart study, colonoscopy, pap smear, mammogram, blood test, sleep study, x-ray or other diagnostic test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. been advised to have any diagnostic test, hospitalization, treatment or surgery which was <b>not</b> completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. To the best of your knowledge, have any of your parents, brothers or sisters ever had cancer, diabetes, high blood pressure, stroke, Huntington's disease, polycystic kidney disease, heart disease or other cardiovascular disorder before age 60? (If <b>YES</b> , specify person, condition and age at death if deceased.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>6a 9/2003 Seasonal allergies.</p>

**Additional Details:**

**AGREEMENT: To the best of my knowledge and belief, the statements and answers given in this application, consisting of six pages, are true, complete, and correctly recorded. It is understood and agreed that:**

1. The statements and answers given in this application will be the basis for any insurance issued on this application.
2. Any certificate issued in reliance on this application shall not take effect unless the full first premium is paid, and the certificate is issued to me during the lifetime and continued insurability, as stated in this application, of the persons to be covered by such certificate, except as provided in the Conditional Receipt, if issued.
3. No information acquired by any representative of the Society shall be binding on the Society unless set out in this application.
4. If the Society shall issue a certificate other than as hereby applied for, this application will constitute my application for the certificate thus issued, except that any change as to amount, classification, plan of insurance or benefits shall require a written consent signed by me.
5. Neither the agent nor the medical examiner is authorized to accept risks or pass upon insurability, to make or modify contracts, or to waive any of the Society's rights or requirements.
6. In the event of declination to insure, Modern Woodmen of America is then authorized, but not required, to act as my agent for the limited purpose of soliciting offers of coverage from any other insurers selected by the Society and for that purpose to submit to said insurers any medical and underwriting information in the Society's possession. It is understood that no coverage offered by any other insurer will be effective except in strict accordance with said insurer's rules and conditions. Modern Woodmen of America assumes no liability for the actions or inactions of any other insurer.

**Under penalties of perjury, I certify that:**

1. The Social Security Number(s) or Taxpayer Identification Number(s) given above for any proposed insured or adult applicant is correct;
  2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
  3. I am a U.S. person (including a U.S. resident alien).
- ☐ Check here if you have been notified by the IRS that you ARE currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**ADDITIONAL REMARKS:**

After reviewing my financial background with my agent, I believe this contact will meet my insurance needs and financial objectives. Federal law requires all financial institutions to obtain, verify and record information that identifies each applicant. We may ask to see your driver's license or other identifying documents in addition to the information you provided about yourself in this application. To assist us identifying you, we will use the information provided to verify your identity.

I understand the identity information being provided by me is required by federal law to be collected in order to verify my identity and I authorize its use for this purpose.

I understand that I might be personally interviewed if an Investigative Consumer Report is prepared in connection with this application and I have the right to receive a copy of the report. If I expressly wish to be interviewed, I will check the following box: ☐.

I understand that my agent represents Modern Woodmen of America, provides services to members on behalf of Modern Woodmen of America and that Modern Woodmen of America pays a commission for these services

**AUTHORIZATION TO OBTAIN INFORMATION** – I authorize any physician, medical professional, hospital, Veterans Administration, clinic, medical care or custodial institution, insurance company, prescription services, Medical Information Bureau, consumer reporting company, insurance-support organization, employer, business associate, or other person or entity to give to Modern Woodmen of America, or its reinsurers, any and all such information described below concerning me or any child proposed for coverage.

**Types of Information Requested** – The information that may be disclosed is that information that relates to the age, occupation, physical condition, prescription authorization, health history, the diagnosis, treatment and prognosis with respect to any physical or mental condition, including drug or alcohol abuse and mental illness, character, general reputation, personal characteristics, motor vehicle report, hobbies and mode of living of me or any child proposed for coverage.

**Drug and/or Alcohol Abuse Treatment** – I specifically give permission for Modern Woodmen of America to obtain all information relating to drug and/or alcohol abuse treatment for the purposes described in this Authorization. I also consent to the redisclosure of this information as outlined below. I understand that my medical records relating to drugs and/or alcohol abuse treatment are protected by Federal Regulation 42CFR part 2. I also understand that I may revoke this Authorization as it applies to drug and/or alcohol abuse information at any time, but my revocation will not affect any information that has been released in accordance with the Authorization.

**Use and Disclosure** – I understand that the information obtained by use of this Authorization will be used by Modern Woodmen of America to determine eligibility for insurance coverage or for benefits thereunder for myself or any child proposed for coverage. I understand that the information obtained pursuant to this Authorization will not be disclosed by Modern Woodmen of America to any person or entity other than its reinsurers, persons who need such information in order to perform professional, business or insurance functions for the Society, its agents, a consumer reporting agency, an insurance-support organization, my attending physician, the Medical Information Bureau, or other insurance companies to whom application for coverage or to whom a claim for insurance benefits has been made on behalf of myself or any child proposed for coverage, except as otherwise required by law or as I may otherwise authorize.

- I acknowledge that I have received a copy of the Notice to Applicant and that I may have a copy of this Authorization upon request.
- I agree that a photographic copy of this Authorization shall be as valid as the original. I understand that this Authorization shall be valid for two and one-half years from the date shown below.

The answers to the questions in this application, including the tobacco use question, are considered material to the accurate assessment of the health of the proposed insured. A misstatement on any of the questions could result in rescission of the insurance certificate.

**[ FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

**PENNSYLVANIA: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

**WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.**

**ALL OTHER STATES: Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false, deceptive, incomplete, or misleading statement may be guilty of a crime. ]**

**INITIAL AMOUNT PAID WITH APPLICATION:** (Check one)

- ☐ No Money - I have paid no amount with this application.
- ☒ Check - I have paid \$ 1,012.00 with this application and acknowledge receiving a Conditional Receipt.
- ☐ ABC / EFT - I have authorized a draft of \$ \_\_\_\_\_ from my specified account for the initial premium.

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO MODERN WOODMEN OF AMERICA – DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.**

Signed in Arkansas on 11/25/2008

State

Month-Day-Year

I have reviewed the answers before signing this application.

**Agent** – To the best of your knowledge, does the insured have any existing life or annuity contracts? Yes ☐ No ☒

Is any insurance with Modern Woodmen of America or any other insurer being replaced? Yes ☐ No ☒

X

*John Q. Woodmen*

Signature of Proposed Insured/Applicant

X

*Joe Agent*

Agent / Registered Representative signature plus printed name & insurance license number if applicable.

# Modern Woodmen of America

## Statement of Variability

### Forms: 08 WL and 08 GPOR

The variability of [bracketed] items in the forms referenced above are listed below. Items that vary with each individual contract have been bracketed and included in this Statement of Variability. Also included are items that Modern Woodmen of America may vary in the future for all new issues going forward in a uniform and non-discriminatory fashion.

<b>Form: 08 WL</b>		
<b>Variable Number</b>	<b>Variable Content or Range</b>	
Page 1	1.	Prints the contract number and is specific to each individual contract issued.
	2.	Prints the name of the individual insured.
	3.	Signatures of Society officers will change when new officers are elected.
	4.	Prints the Society's address and telephone number and will change if the Society's home office address or telephone number changes.
Page 3	5.	The owner line will only appear if the contract has an owner other than the insured. When the line prints, the owner's name will also print.
	6.	Prints the contract insurance amount.
	7.	Prints the rating class.
	8.	Prints the date of issue of the contract.
	9.	Prints the age and gender of the insured at issue. Issue ages are 0-85.
	10.	Prints the register date of the contract which is used in calculating certificate years.
	11.	Prints the camp number of the insured's local membership camp within the Society.
	12.	For single premium contracts, "Annual Premium" will be replaced with "Single Premium"
	13.	Prints the contract's insurance amount, expiry date, premium and last premium date.
	14.	Prints the premium period.
	15.	Prints the name of any riders issued with the contract along with rider amount, expiry date and premium information.
	16.	Prints the premium amount for available premium payment methods. Payment method options offered may change in the future. If the premium method is single, "Initial" and the Total initial premium explanation line will be suppressed.
Pg 3A	17.	Prints the guaranteed values for the first 20 years plus ages 60, 65, 70 and 121 if these ages are not included in the first 20 years.
	18.	Prints the mortality table based on the rating class listed in variable #7.

<b>Form: 08 GPOR</b>		
<b>Variable Number</b>	<b>Variable Content or Range</b>	
		Signatures of Society officers will change when new officers are elected.
		Prints the Society's address and will change if the Society's home office address changes.

## CERTIFICATE SCHEDULE

<b>Certificate No.</b> [9000000] <b>1.</b> <b>Insured</b> [John Q. Woodmen] <b>2.</b> <b>[Owner]</b> [Lori Woodmen] <b>5.</b> <b>Insurance Amount</b> [\$100,000] <b>6.</b> <b>Rating Class</b> [Nontobacco] <b>7.</b>	<b>Date of Issue</b> [December 1, 2008] <b>8.</b> <b>Age and Gender</b> [35 Male] <b>9.</b> <b>Register Date</b> [December 1, 2008] <b>10.</b> <b>Membership Camp</b> [26] <b>11.</b>
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### SCHEDULE OF BENEFITS AND PREMIUMS

Benefit	Insurance Amount	Expiry Date	[Annual] <b>12.</b> Premium	Premiums Payable Until
Whole Life Insurance Premium Period: [10 years] <b>14.</b>	[\$100,000]	None	\$2,558.00	12-01-2018] <b>13.</b>
[				] <b>15.</b>

### MODES OF PAYMENT

	[Annual	Semiannual	Quarterly	Monthly Automatic Bank Check]
Total [Initial] Premium	[\$2,558.00	\$1,317.37	\$677.87	\$221.27] <b>16.</b>

[(Total initial premium includes premiums for additional benefit riders)] **16.**

# CERTIFICATE SCHEDULE (Continued)

## TABLE OF GUARANTEED VALUES

End of Certificate Year	Date	Cash and Loan Value	Paid-Up Life Insurance Amount	Extended Term Insurance Years - Days
1	[12-01-2009	\$ 0.00	\$ 0	0 - 0
2	12-01-2010	1,626.00	7,287	10 - 328
3	12-01-2011	4,658.00	20,155	21 - 336
4	12-01-2012	7,807.00	32,622	27 - 312
5	12-01-2013	11,079.00	44,710	32 - 47
6	12-01-2014	14,476.00	56,426	35 - 175
7	12-01-2015	18,004.00	67,794	38 - 128
8	12-01-2016	21,667.00	78,835	41 - 33
9	12-01-2017	25,468.00	89,560	44 - 144
10	12-01-2018	29,414.00	NA	NA
11	12-01-2019	30,416.00		
12	12-01-2020	31,444.00		
13	12-01-2021	32,503.00		
14	12-01-2022	33,597.00		
15	12-01-2023	34,726.00		
16	12-01-2024	35,887.00		
17	12-01-2025	37,078.00		
18	12-01-2026	38,296.00		
19	12-01-2027	39,540.00		
20	12-01-2028	40,804.00		
[25]	12-01-2033	47,454.00		
[30]	12-01-2038	54,523.00		
[35]	12-01-2043	61,825.00		
[86]	12-01-2094	100,000.00		] 17.

Loan interest rate: 8.00% per year

### Basis of Computations

Interest rate: 4.00% per year

Mortality table: 2001 CSO [male, nonsmoker] 18. ultimate age last birthday



## CERTIFICATE SCHEDULE

<b>Certificate No.</b> [9000000] <b>1.</b> <b>Insured</b> [John Q. Woodmen] <b>2.</b> <b>[Owner]</b> [Lori Woodmen] <b>5.</b> <b>Insurance Amount</b> [\$100,000] <b>6.</b> <b>Rating Class</b> [Nontobacco] <b>7.</b>	<b>Date of Issue</b> [December 1, 2008] <b>8.</b> <b>Age and Gender</b> [35 Male] <b>9.</b> <b>Register Date</b> [December 1, 2008] <b>10.</b> <b>Membership Camp</b> [26] <b>11.</b>
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### SCHEDULE OF BENEFITS AND PREMIUMS

Benefit	Insurance Amount	Expiry Date	[Annual] <b>12.</b> Premium	Premiums Payable Until
Whole Life Insurance Premium Period: [20 years] <b>14.</b>	[\$100,000]	None	\$1,545.00	12-01-2028] <b>13.</b>
[				] <b>15.</b>

### MODES OF PAYMENT

	[Annual	Semiannual	Quarterly	Monthly Automatic Bank Check]
Total [Initial] Premium	[\$1,545.00	\$795.68	\$409.43	\$133.64] <b>16.</b>
[(Total initial premium includes premiums for additional benefit riders)] <b>16.</b>				

## CERTIFICATE SCHEDULE (Continued)

### TABLE OF GUARANTEED VALUES

End of Certificate Year	Date	Cash and Loan Value	Paid-Up Life Insurance Amount	Extended Term Insurance Years - Days
1	[12-01-2009	\$ 0.00	\$ 0	0 - 0
2	12-01-2010	265.00	1,188	2 - 52
3	12-01-2011	1,919.00	8,304	11 - 252
4	12-01-2012	3,632.00	15,177	17 - 254
5	12-01-2013	5,408.00	21,825	21 - 196
6	12-01-2014	7,248.00	28,252	24 - 70
7	12-01-2015	9,152.00	34,462	26 - 78
8	12-01-2016	11,121.00	40,464	27 - 325
9	12-01-2017	13,155.00	46,261	29 - 88
10	12-01-2018	15,257.00	51,870	30 - 128
11	12-01-2019	17,428.00	57,299	31 - 108
12	12-01-2020	19,673.00	62,566	32 - 37
13	12-01-2021	21,998.00	67,680	32 - 292
14	12-01-2022	24,412.00	72,662	33 - 162
15	12-01-2023	26,916.00	77,510	34 - 29
16	12-01-2024	29,509.00	82,228	34 - 279
17	12-01-2025	32,194.00	86,828	35 - 208
18	12-01-2026	34,970.00	91,316	36 - 235
19	12-01-2027	37,841.00	95,704	38 - 171
20	12-01-2028	40,804.00	NA	NA
[25]	12-01-2033	47,454.00		
[30]	12-01-2038	54,523.00		
[35]	12-01-2043	61,825.00		
[86]	12-01-2094	100,000.00		] 17.

Loan interest rate: 8.00% per year

#### Basis of Computations

Interest rate: 4.00% per year

Mortality table: 2001 CSO [male, nonsmoker] 18. ultimate age last birthday

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## CERTIFICATE SCHEDULE

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<b>Certificate No.</b> [9000000] <span style="color: red;">1.</span> <b>Insured</b> [John Q. Woodmen] <span style="color: red;">2.</span> <b>[Owner]</b> [Lori Woodmen] <span style="color: red;">5.</span> <b>Insurance Amount</b> [\$100,000] <span style="color: red;">6.</span> <b>Rating Class</b> [Nontobacco] <span style="color: red;">7.</span>	<b>Date of Issue</b> [December 1, 2008] <span style="color: red;">8.</span> <b>Age and Gender</b> [35 Male] <span style="color: red;">9.</span> <b>Register Date</b> [December 1, 2008] <span style="color: red;">10.</span> <b>Membership Camp</b> [26] <span style="color: red;">11.</span>
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### SCHEDULE OF BENEFITS AND PREMIUMS

Benefit	Insurance Amount	Expiry Date	[Annual] <span style="color: red;">12.</span> Premium	Premiums Payable Until
Whole Life Insurance Premium Period: [to attained age 65] <span style="color: red;">14.</span>	[\$100,000]	None	\$1,212.00	12-01-2038] <span style="color: red;">13.</span>
[				] <span style="color: red;">15.</span>

### MODES OF PAYMENT

	[Annual	Semiannual	Quarterly	Monthly Automatic Bank Check]
Total [Initial] Premium	[\$1,212.00	\$624.18	\$321.18	\$104.84] <span style="color: red;">16.</span>
[(Total initial premium includes premiums for additional benefit riders)] <span style="color: red;">16.</span>				

## CERTIFICATE SCHEDULE (Continued)

### TABLE OF GUARANTEED VALUES

End of Certificate Year	Date	Cash and Loan Value	Paid-Up Life Insurance Amount	Extended Term Insurance Years - Days
1	[12-01-2009	\$ 0.00	\$ 0	0 - 0
2	12-01-2010	0.00	0	0 - 0
3	12-01-2011	1,154.00	4,994	7 - 264
4	12-01-2012	2,454.00	10,255	13 - 136
5	12-01-2013	3,800.00	15,335	17 - 68
6	12-01-2014	5,192.00	20,238	19 - 317
7	12-01-2015	6,628.00	24,958	21 - 288
8	12-01-2016	8,110.00	29,509	23 - 78
9	12-01-2017	9,636.00	33,886	24 - 130
10	12-01-2018	11,207.00	38,101	25 - 111
11	12-01-2019	12,824.00	42,163	26 - 23
12	12-01-2020	14,490.00	46,082	26 - 236
13	12-01-2021	16,210.00	49,873	27 - 38
14	12-01-2022	17,992.00	53,553	27 - 169
15	12-01-2023	19,835.00	57,119	27 - 268
16	12-01-2024	21,738.00	60,574	27 - 339
17	12-01-2025	23,699.00	63,917	28 - 20
18	12-01-2026	25,716.00	67,151	28 - 48
19	12-01-2027	27,789.00	70,281	28 - 63
20	12-01-2028	29,913.00	73,309	28 - 69
[25]	12-01-2033	41,406.00	87,256	28 - 125
[30]	12-01-2038	54,523.00	NA	NA
[35]	12-01-2043	61,825.00		
[86]	12-01-2094	100,000.00		] 17.

Loan interest rate: 8.00% per year

#### Basis of Computations

Interest rate: 4.00% per year

Mortality table: 2001 CSO [male, nonsmoker] 18. ultimate age last birthday

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## CERTIFICATE SCHEDULE

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**Certificate No.** [9000000] 1.

**Date of Issue** [December 1, 2008] 8.

**Insured** [John Q. Woodmen] 2.

**Age and Gender** [35 Male] 9.

**[Owner]** [Lori Woodmen] 5.

**Register Date** [December 1, 2008] 10.

**Insurance Amount** [\$100,000] 6.

**Membership Camp** [26] 11.

**Rating Class** [Nontobacco] 7.

### SCHEDULE OF BENEFITS AND PREMIUMS

Benefit	Insurance Amount	Expiry Date	[Single] 12. Premium	Premiums Payable Until
Whole Life Insurance Premium Period: [single premium] 14.	[\$100,000	None	\$23,253.00	Single] 13.
[				] 15.

### MODES OF PAYMENT

#### Single Premium

Total Premium [\$23,253.00] 16.

## CERTIFICATE SCHEDULE (Continued)

### TABLE OF GUARANTEED VALUES

<b>End of Certificate Year</b>	<b>Date</b>	<b>Cash and Loan Value</b>	<b>Paid-Up Life Insurance Amount</b>	<b>Extended Term Insurance Years - Days</b>
1	[12-01-2009	\$ 21,548.00	NA	NA
2	12-01-2010	22,316.00		
3	12-01-2011	23,111.00		
4	12-01-2012	23,932.00		
5	12-01-2013	24,780.00		
6	12-01-2014	25,655.00		
7	12-01-2015	26,557.00		
8	12-01-2016	27,484.00		
9	12-01-2017	28,437.00		
10	12-01-2018	29,414.00		
11	12-01-2019	30,416.00		
12	12-01-2020	31,444.00		
13	12-01-2021	32,503.00		
14	12-01-2022	33,597.00		
15	12-01-2023	34,726.00		
16	12-01-2024	35,887.00		
17	12-01-2025	37,078.00		
18	12-01-2026	38,296.00		
19	12-01-2027	39,540.00		
20	12-01-2028	40,804.00		
[25]	12-01-2033	47,454.00		
[30]	12-01-2038	54,523.00		
[35]	12-01-2043	61,825.00		
[86]	12-01-2094	100,000.00		] 17.

Loan interest rate: 8.00% per year

#### Basis of Computations

Interest rate: 4.00% per year

Mortality table: 2001 CSO [male, nonsmoker] 18. ultimate age last birthday